



Kraft Heinz North America
Form:
Incident Report

Form No.: 1.14.02
Issue Date: May 12, 2016
Supersedes: Record-ORM-1.14.02
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This form is to be completed by the employee, unless physically unable. Complete all sections and forward to the supervisor. Note: Incomplete reports will be returned to the employee for revision.

1. General Information Section

Employee Name:	Kewan Jenkins	Incident Date:	8/12/16
Job Classification:	Temp	Incident Time:	12:30
Department:	CMG	Employee #:	
Date of Birth:	10-30-87	Date of Hire:	8-9-16
Length of time in this department?	week		

Job Assignment: Inventory

How long on current job assignment? week

**In the space below, describe the incident - What happened. What you were doing? What equipment, machinery or substances were involved? How the incident occurred?
Any injuries - complete the "Injury Section" below, if not skip to Section 3.**

I Kewan Jenkins and Mike Was putting a heavy Motor on a shelf and Mike lost grip and the Motor fell on 3 of my fingers

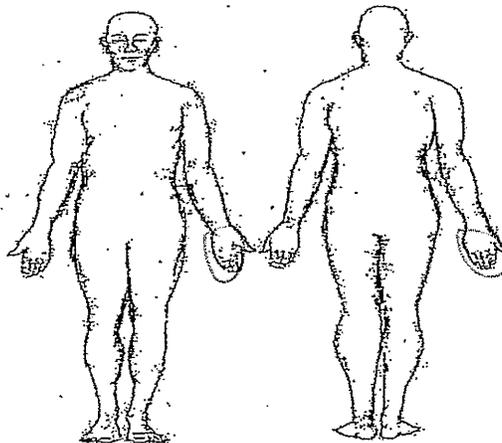
2. Injury Section

Describe any injuries. Be specific - State the nature of the injury (cut, burn, bruise, etc.) and the specific part of the body (right knee, left index finger, etc):

Left hand cut some swelling

Look at the drawing below. Circle the part(s) of the body that were injured.

303 9201425
CMG



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Did you seek any medical treatment? Yes No but going to doctor

If so, where? When?

Medical treatment provided by whom?

What treatment was rendered?

What was the diagnosis?

Have you previously injured the body part(s) involved in the present injury? Yes No

If so when? Was it work related? Yes No

Who treated you previously?

What was the previous diagnosis?

3. Witness Section

List all witnesses to the incident that you are aware of:

Mike Marc

Where were the witnesses located in proximity to the incident?

Mike Next to me Marc an aisle over

4. Reporting Section

Did you report the incident to your supervisor? Yes No

If so, name of supervisor that you reported the incident to? Lynn

If not, why did you not report the incident?

I, by signature below, do hereby declare all information is true and correct. Furthermore, I authorize any doctor, hospital, or other medical facility and/or insurance company to release all medical records, medical reports, records of medical expenses paid or settlements relating to this incident to my employer or my employer's representative.

Employee's Signature:

Employee's Name (print): Kewan Jenkins

Date this form completed: 5-12-16